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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Com	mittee	Office	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN	·	ample: If typing, type er the lines.	12FE4M5	
CITIZENS FOR CI	HUCK GRAY				1
	PO BOX 5207	' 6			1
ADDRESS (number and stre	eet)				
Check if different					
than previously reported. (ACC)	CASPER			WY 8260	9 -
FEO IDENTIFICATIO	ON AUTMOND W	CITY ▲		STATE ▲	ZIP CODE ▲
2. FEC IDENTIFICATIO	ON NUMBER V	-			STATE ▼ DISTRICT
C C00771071		3. IS THIS	NEW	AMENDED	0.4
		REPORT	(N) OR	(A)	WY 01
TVDE OF DEDOD	T (0) 0)	I			
I. TYPE OF REPOR		(b) 12-Day PRE	-Election Report for th	e:	
(a) Quarterly Reports	S:	П	Primary (12P)	General (12G)	Runoff (12R)
X April 15 Quai	rterly Report (Q1)			F	
July 15 Quar	terly Report (Q2)	ш	Convention (12C)	Special (12S)	
			M M / D D	/ Y Y Y Y	in the
October 15 C	Quarterly Report (Q3)	Election on			State of
January 31 Y	ear-End Report (YE)	(c) 30-Day POS	T -Election Report for t	the:	
			General (30G)	Runoff (30R)	Special (30S)
Towningtion 5	Donart (TED)				
Termination F	Report (TER)	Election on	M M / D D	/ Y Y Y Y	in the State of
Covering Deviced	M M / D D D 01	/ Y Y Y Y Z022	M	M / D D / Y 03 31	Y Y Y Y 2022
i. Covering Period	01 01	LULL	through	03 31	2022
certify that I have examir	and this Poport and t	o the best of my kn	nowledge and helief it	is true correct and con	anlata
Type or Print Name of Tre	Kordenbrock		owieuge and belief it	is true, correct and con	іріеге.
ype of Fillit Name of Tre					
Signature of Tracourer	Kordenbrock, Jean, , ,		[Flastropically Filed]	Date 03	31 Y Y Y Y Y Y Y 2022
Signature of Treasurer			[Electronically Filed]	Date	
IOTE: Submission of false,	erroneous, or incompl	ete information may s	subject the person signi	ng this Report to the per	nalties of 52 U.S.C. §3010
Office					EC FORM 3
Use					Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
CITIZENS FOR CHUCK GRAY

2022 2022 03 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 10.00 210591.43 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 17700.00 (from Line 20(d)) (c) Net Contributions (other than loans) 10.00 192891.43 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 259.13 297648.76 (from Line 17) (b) Total Offsets to Operating 1167.05 1167.05 Expenditures (from Line 14)..... (c) Net Operating Expenditures -907.92296481.71 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 194728.05 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 307467.33 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

CITIZENS FOR CHUCK GRAY

01 03 01 2022 31 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 93704.61 (i) Itemized (use Schedule A)..... 113980.68 10.00 (ii) Unitemized (iii) TOTAL of contributions 10.00 207685.29 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) 0.00 2906.14 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 10.00 210591.43 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 298318.33 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 298318.33 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 1167.05 1167.05 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 1177.05 510076.81 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	259.13	297648.76
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed		
	by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other		
	(a) Individuals/Persons Other Than Political Committees	0.00	17700.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	17700.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	259.13	315348.76
	III. CASH SU	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	193810.13
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	1177.05
25.	SUBTOTAL (add Line 23 and Line 24)		194987.18
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	259.13
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		194728.05

SCHEDULE A (FEC Form 3)

PAGE 5 OF FOR LINE NUMBER: 19 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c **Detailed Summary Page x** | 14 12 13a 13b

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CITIZENS FOR CHUCK GRAY Full Name (Last, First, Middle Initial) Ampersand Date of Receipt Mailing Address 151 W 42 Street 2022 30 City State Zip Code Transaction ID: SA14.11024 NY 10036 New York FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1167.05 Name of Employer Occupation Memo Item Receipt For: 2022 Election Cycle-to-Date Refund Primary General 1167.05 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Occupation Name of Employer Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 1167.05 SUBTOTAL of Receipts This Page (optional)..... 1167.05 TOTAL This Period (last page this line number only).....

Office Sought:

House

Senate

SCHEDULE B (FEC Form 3)

PAGE 6 FOR LINE NUMBER: Use separate schedule(s) (check only one) **x** 17 18 19a

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for each category of the ITEMIZED DISBURSEMENTS 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CITIZENS FOR CHUCK GRAY Full Name (Last, First, Middle Initial) Date of Disbursement AMBI 2022 03 31 Mailing Address PO Box 2951 City State Zip Code **FEC Identification Number** WY Casper 82602 Purpose of Disbursement Printing H2WY01032 Candidate Name Amount of Each Disbursement this Period Category/ GRAY, CHARLES, , , Type Office Sought: Disbursement For: 2022 259.13 House Senate Primary General Transaction ID: SB17.11039 Other (specify) President Memo Item WY State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/

State:	President District:	Other (specify)		M	1em	o Ite	em					
SUBTOTAL of [Disbursements This Pag	e (optional)	···· >		Ī	7		Ξ	,	Ξ	259.13	
TOTAL This Per	iod (last page this line i	number only)	···· >			7	Ι		,		259.13	

General

Disbursement For:

Primary

Type

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF FOR LINE NUMBER: (check only one)

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LOAN SOURCE Full Name GRAY, CHARLES, ,	•	ddle Initial)	☐ Memo Item			
Mailing Address PO Box 52076			Other (specify) ▼			
City Casper		State	IP Code 82605 Personal Funds of the Candidate			
Original Amount of Loan		Cumulative Pa	ent To Date Balance Outstanding at Close of This Period			
, , ,	4500.00		0.00 4500.00			
TERMS Date Incurred	d 2021 Y	M M / D	e Due Interest Rate (If none, enter 0) 1 12/31/2022			
List All Endorsers or Guar	, ,,	to Loan Source				
1. Full Name (Last, First, N	Middle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, M	liddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, M	liddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, M	liddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
IBTOTALS This Period This	Page (optional)		4500.00			

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.4456 NAME OF COMMITTEE (In Full) CITIZENS FOR CHUCK GRAY LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary GRAY, CHARLES, , , General Mailing Address PO Box 52076 Other (specify) City State ZIP Code X Personal Funds of the Candidate WY 82605 Casper Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 300.00 0.00 300.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D22^D M 02M Ž021 Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 300.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE FOR LINE NUMBER: (check only one)

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OF

X 13a Detailed Summary Page 13b Transaction ID: SC/10.4455 NAME OF COMMITTEE (In Full) CITIZENS FOR CHUCK GRAY LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary GRAY, CHARLES, , , General Mailing Address PO Box 52076 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate WY 82605 Casper Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 59.00 0.00 59.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D25^D M₀₂M Ž021 Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 59.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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Transaction ID: SC/10.4457 NAME OF COMMITTEE (In Full) CITIZENS FOR CHUCK GRAY LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary GRAY, CHARLES, , , General Mailing Address PO Box 52076 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate WY 82605 Casper Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 120.00 0.00 120.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D26^D M₀₂M Ž021 Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 120.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

Transaction ID: SC/10.4453 NAME OF COMMITTEE (In Full) CITIZENS FOR CHUCK GRAY LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary GRAY, CHARLES, , , General Mailing Address PO Box 52076 Other (specify) City State ZIP Code X Personal Funds of the Candidate WY 82605 Casper Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2109.38 0.00 2109.38 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D12^D M 03M Ž021 Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2109.38 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

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OF

Transaction ID: SC/10.4458 NAME OF COMMITTEE (In Full) CITIZENS FOR CHUCK GRAY LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary GRAY, CHARLES, , , General Mailing Address PO Box 52076 Other (specify) City State ZIP Code X Personal Funds of the Candidate WY 82605 Casper Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 105.95 0.00 105.95 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D28^D M 03M Ž021 Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 105.95 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.4459 NAME OF COMMITTEE (In Full) CITIZENS FOR CHUCK GRAY LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary GRAY, CHARLES, , , General Mailing Address PO Box 52076 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate WY 82605 Casper Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 330.00 0.00 330.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D28^D M 03M Ž021 Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 330.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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Transaction ID: SC/10.4460 NAME OF COMMITTEE (In Full) CITIZENS FOR CHUCK GRAY LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary GRAY, CHARLES, , , General Mailing Address PO Box 52076 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate WY 82605 Casper Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 200.00 0.00 200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D28^D M 03M Ž021 Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 200.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

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	AME OF COMMITTEE (In Full)) A V			Tran	saction ID : SC/10.4454			
	LOAN SOURCE Full Name (Last, GRAY, CHARLES, , ,		ddle Initial)		☐ Memo Ite	Election: 2022 x Primary General			
	Mailing Address PO Box 52076					Other (specify) ▼			
	City Casper		State	ZIP Co 82605		✗ Personal Funds of the Candidate			
	Original Amount of Loan		Cumulative Pay			Balance Outstanding at Close of This Period			
	400	0.00			0.00	400.00			
	TERMS Date Incurred		D	ate Due	Interest F (If none, e	nter 0)			
	M03 ^M / D29 ^D / Y Ž02Ť	Υ	M M / D D	/ ^Y 12	2/31/2022 ^v	0.00 % (apr) Yes X No			
	List All Endorsers or Guarantors	(if any) t	o Loan Source						
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer				
	Mailing Address				Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7			
	2. Full Name (Last, First, Middle In	nitial)			Name of Employer				
	Mailing Address				Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7 7			
	3. Full Name (Last, First, Middle In	nitial)			Name of Employer Occupation				
	Mailing Address								
	City	State	ZIP Code		Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address			Occupation					
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7			
s	UBTOTALS This Period This Page (optional).				400.00			
	OTALS This Period (last page in this				<u>_</u>	400.00			
	Carry outstanding balance only to U	NE 3. Sch	nedule D. for this	s line. If	no Schedule D. carry f	forward to appropriate line of Summary.			
•	, Jatotanania Balance omy to El	,	=,	11	Joneano D, ourry i	to appropriate into or cuminary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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Transaction ID: SC/10.4428 NAME OF COMMITTEE (In Full) CITIZENS FOR CHUCK GRAY LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary GRAY, CHARLES, , , General Mailing Address PO Box 52076 Other (specify) City State ZIP Code X Personal Funds of the Candidate WY 82605 Casper Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 125000.00 0.00 125000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D31 D M 03M Ž021 Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 125000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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Transaction ID: SC/10.6229 NAME OF COMMITTEE (In Full) CITIZENS FOR CHUCK GRAY LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary GRAY, CHARLES, , , General Mailing Address PO Box 52076 Other (specify) City State ZIP Code X Personal Funds of the Candidate WY 82605 Casper Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 194.00 0.00 194.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D01D M 06M Ž021 Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 194.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13a 13b

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Transaction ID: SC/10.6117 NAME OF COMMITTEE (In Full) CITIZENS FOR CHUCK GRAY LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary GRAY, CHARLES, , , General Mailing Address PO Box 52076 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate WY 82605 Casper Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 165000.00 0.00 165000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D30 D M 06M Ž021 Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 165000.00 TOTALS This Period (last page in this line only)..... 298318.33 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

xcludin	g Loans			numbered line)	x 10
NAME OF	COMMITTEE (In Full)				
CITI	ZENS FOR CHU	CK G	RAY		
	Il Name (Last, First, Middle Initial) of De		Pebt (Purpose):		
HS	SP Direct LLC	Direct Mail	Service		
Mailing	Address 20130 Lakeview Center Plaz Suite 300	а			
City		State	Zip Code		
Ashbu	ırn	VA	20147		
Outs	standing Balance Beginning This Period			Transacti	on ID : SD10.11009
	9149.00				
	Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00		0.0		
	0.00		7		9149.00
B Full	Name (Last, First, Middle Initial) of Deb	ntor or Credit	tor	ļ.,	
D. Tull	Marie (Last, 1 list, Middle Illitial) of Det	otor or orean	loi	Nature of D	9ebt (Purpose):
Mailing	g Address				
City		State	Zip Code		
Outs	standing Balance Beginning This Period	1	1	,	
Out	standing balance beginning this renou				
	Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
			7 7 7		, , , , , , , , , , , , , , , , , , , ,
C. Fu	Il Name (Last, First, Middle Initial) of De	ebtor or Cred	litor	N)
				Nature of L	Debt (Purpose):
Mailing	g Address				
0''		10	7. 0. 1		
City		State	Zip Code		
Outs	standing Balance Beginning This Period				
	Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
	Amount incured This Feriod		r ayment mis r enou	Outstandi	ng Balance at Close of This Fenou
			9-1-1-9-1-1-4		, , , , , , , , , , , , , , , , , , , ,
1) SUBT	TOTALS This Period This Page (optional)		•	9149.00
a) ====	I O This Declared the second to		, , , , , , , , , , , , , , , , , , , ,		
2) TOTA	LS This Period (last page this line num	per only) ······		··· • L	9149.00
3) TOTA	L OUTSTANDING LOANS from Schedu	ile C (laet na	age only)		298318.33
-, IOIA	- COLORADINA LOMO NOM COME	O (1831 Pe	.go 5/11/9/		290310.33
4) ADD	2) and 3) and carry forward to appropri	iate line of S	ummary Page (last page or	nly) 🕨	307467.33
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FOR LINE NUMBER:

(check only one)

(Use separate schedule(s)

for each